

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9331**  
Registrar's No. **2814**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**8808 Partridge Ave**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None** (Specify whether  
In this community **Unknown**  
years, months or days)

3. (a) PRINT FULL NAME **Christine Kopf**

8. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Gottlob F. Kopf (deceased)** 6. (c) Age of husband or wife if alive ----- years  
7. Birth date of deceased **February 9, 1860**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**80** **1** **15** hr. min.

9. Birthplace **Germany** (City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business

12. Name **Unknown**  
13. Birthplace **Germany** (City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Max. Hamel**  
(b) Address **8808 Partridge Ave**  
17. (a) **Burial** (b) Date thereof **3/28/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Friedens**

18. (a) Signature of funeral director **Math Hermann & Son**  
(b) Address **2161 East Fair Ave**  
19. (a) **MAR 26 1940** (Date received local registrar) **J. F. Brudick** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")  
(d) Street No. **8808 Partridge Ave** (If rural, give location)  
(e) If foreign born, how long in U. S. A? **59 Years** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **24**  
year **1940** hour **9:30 PM** minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **Nov. 12<sup>th</sup>**  
**1939** to **Mar. 23<sup>rd</sup>** 19 **40**,  
that I last saw him alive on **March 23<sup>rd</sup>** 19 **40**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Purpura Agitans** Duration **6 Mon.**

Due to **Artificial Sclerosis, (Stroke)**

Due to \_\_\_\_\_  
Other conditions **Complete muscular atrophy**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **Alfred Mac. Voglar** (M. D. or other) **4244 W. Florissant** Address Date signed **3/25/40**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Leonard Hampton*

Licensed Embalmer No.....

*2967*

P. O. Address.....

*St Louis, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**